



Department of Defense  
**DIRECTIVE**

**AD-A269 505**



September 23, 1985  
NUMBER 1010.3

ASD(HA) & ASD(FM&P)

**SUBJECT: Drug and Alcohol Abuse Reports**

- References:**
- (a) DoD Instruction 1010.3, "Drug and Alcohol Abuse Reports," August 4, 1983 (hereby canceled)
  - (b) DoD Directive 1010.4, "Alcohol and Drug Abuse by DoD Personnel," August 25, 1980
  - (c) DoD 5000.12-M, "DoD Manual for Standard Data Elements," October 1984
  - (d) Manual for Courts-Martial, United States, as amended
  - (e) DoD Directive 1010.1, "Drug Abuse Testing Program," December 28, 1984
  - (f) DoD Directive 1010.9, "DoD Civilian Employees Drug Abuse Testing Program," April 8, 1985

**A. PURPOSE**

This Directive:

1. Replaces reference (a), assigns responsibilities, and prescribes reporting requirements for drug and alcohol abuse in the Department of Defense.
2. Cancels Report Control Symbols (RCSs) DD-HA(Q)1585 and DD-HA(Q)1169.

**B. APPLICABILITY**

This Directive applies to the Office of the Secretary of Defense (OSD), the Military Departments (including their Reserve Components), the Organization of the Joint Chiefs of Staff (OJCS), the Unified and Specified Commands, and the Defense Agencies (hereafter referred to collectively as "DoD Components"). The term "Military Services," as used here, refers to the Army, Navy, Air Force, and Marine Corps.

**C. DEFINITIONS**

The terms used in this Directive are defined in DoD Directive 1010.4 (reference (b)).

**D. POLICY**

The Department of Defense has devised a system of gathering information that shall provide:

1. The scope of drug and alcohol abuse.
2. An evaluation of the urinalysis, treatment, and rehabilitation programs.

DTIC  
ELECTE  
SEP 14 1993

Approved for public release  
Distribution Unlimited

93 9 10 109

**93-21159**

15793

3. Data to reply to public, congressional, and other governmental agency inquiries, and to support budget requests for drug and alcohol abuse funds.

4. Data to effect changes that shall reduce or eliminate the drug and alcohol abuse problem.

#### E. RESPONSIBILITIES

1. The Assistant Secretary of Defense (Health Affairs) (ASD(HA)) is responsible for collecting data pertaining to the urinalysis testing program, the awareness education and rehabilitation programs, and civilian employee alcohol and drug abuse programs.

2. The Assistant Secretary of Defense (Force Management and Personnel) (ASD(FM&P)) is responsible for collecting data on law enforcement and the legal and administrative disposition of drug abuse offenders.

3. Heads of DoD Components shall submit the reports at enclosures 1, 2, and 3 to the Office of the ASD(HA) and reports at enclosures 4 and 5 to the Office of the ASD(FM&P).

#### F. INFORMATION REQUIREMENTS

1. The reporting requirements of this Directive have been assigned the following RCSs:

- a. RCS DD-HA(SA)1094, enclosure 1.
- b. RCS-DD-HA(SA)1587, enclosure 2.
- c. RCS DD-HA(SA)1627, enclosure 3.
- d. RCS DD-FM&P(SA)1586, enclosure 4.
- e. RCS DD-FM&P(SA)933, enclosure 5.

2. All reports shall be submitted semi-annually, and are due the 60th day following the end of the six-month period. Reports cover the six-month periods ending March 31 and September 30.

3. The Military Services shall submit all reports. All DoD Components shall submit the report at enclosure 3. When applicable, the Military Services shall report military personnel on active duty, reservists on annual training for 72 hours or longer, and National Guards personnel on federal service.

4. If a reporting requirement is satisfied from an automated data file or system, standard data elements published in DoD 5000.12-M (reference (c)) shall be used.

<b>AD NUMBER</b>		<b>DATE</b> Aug 93	<b>DTIC ACCESSION NOTICE</b>
<b>1. REPORT IDENTIFYING INFORMATION</b>		<b>REQUESTER:</b>	
<b>A. ORIGINATING AGENCY</b> OSD/WHS DIRECTIVES DIVISION		1. Put your mailing address on reverse of form.	
<b>B. REPORT TITLE AND/OR NUMBER</b> DoDD-1010.3, 9/23/85 Directive		2. Complete items 1 and 2.	
<b>C. MONITOR REPORT NUMBER</b>		3. Attach form to reports mailed to DTIC.	
<b>D. PREPARED UNDER CONTRACT NUMBER</b>		4. Use unclassified information only.	
<b>2. DISTRIBUTION STATEMENT</b> UNCLASSIFIED, RELEASE UNLIMITED		5. Do not order document for 6 to 8 weeks.	
		<b>DTIC:</b>	
		1. Assign AD Number.	
		2. Return to requester.	

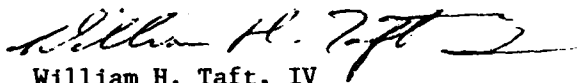
DTIC Form 50  
DEC 91

PREVIOUS EDITIONS ARE OBSOLETE

1010.3  
Sep 23, 85

**G. EFFECTIVE DATE AND IMPLEMENTATION**

This Directive is effective immediately. Forward two copies of the implementing documents to the ASD(HA) and the ASD(FM&P) within 120 days.

  
William H. Taft, IV  
Deputy Secretary of Defense

**Enclosures - 5**

1. Report on Urinalysis Testing for Drug Abuse (DD Form 2396) and Instructions
2. Report on Drug or Alcohol Abuse Awareness Education or Rehabilitation Programs (DD Form 2397) and Instructions
3. Report on Civilian Employee Alcohol and Drug Abuse (DD Form 2398) and Instructions
4. Report on Drug-Related Military Law Enforcement Activity (DD Form 2394) and Instructions
5. Report on Legal or Administrative Disposition of Drug Abuse Offenders (DD Form 2395) and Instructions

Accession For	
NTIS CRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution /	
Availability Codes	
Dist	Avail and/or Special
A-1	

DTIC QUALITY INSPECTED 8.

1010.3

Sep 23, 85 (Encl 1)

REPORT ON URINALYSIS TESTING FOR DRUG ABUSE						REPORT CONTROL SYMBOL DD-HA(SA)1094	
1. BRANCH OF MILITARY SERVICE				2. REPORTING PERIOD FY			
				a. OCTOBER - MARCH			
				b. APRIL - SEPTEMBER			
3. RESULTS OF LABORATORY URINALYSIS TESTING							
TYPE DRUG	OCCASION FOR TEST						
	INSPECTION (1)		PROBABLE CAUSE SEARCH / SEIZURE (2)		COMMAND - DIRECTED (3)		MEDICAL (4)
a. CANNABIS							
b. COCAINE							
c. AMPHETAMINE							
d. BARBITURATES							
e. PCP							
f. OPIATES							
g. OTHER (List)							
h.							
i.							
j.							
4. RESULTS OF FIELD TESTING							
TYPE DRUG	OCCASION FOR TEST						
	INSPECTION (1)		PROBABLE CAUSE SEARCH / SEIZURE (2)		COMMAND - DIRECTED (3)		MEDICAL (4)
a. CANNABIS							
b. COCAINE							
c. AMPHETAMINE							
d. BARBITURATES							
e. PCP							
f. OPIATES							
g. OTHER (List)							
h.							
i.							
j.							
5. INDIVIDUAL PREPARING REPORT							
a. NAME (Last, First, Middle Initial)				b. TELEPHONE NUMBER (Include area code)		c. DATE SUBMITTED (YYMMDD)	

DD Form 2396, AUG 85

INSTRUCTIONS FOR DD FORM 2396  
REPORT ON URINALYSIS TESTING FOR DRUG ABUSE

1. Military Service: Identify by name the Military Service submitting the report.
2. Reporting period: Semi-annual, as described in subsection F.2. of this Directive.
3. Results of laboratory urinalysis testing: Indicate for each drug listed the number of laboratory positives and the number of specimens tested by the drug testing laboratories during the reporting period. Those specimens submitted in one period and processed in another shall be reported in the later period. Note that specimens, not individuals, are counted. Indicate results for each test occasion as listed:
  - a. Inspection. An inspection under Military Rule of Evidence 313 (reference (d)).
  - b. Probable Cause Search or Seizure. A search or seizure under Military Rules of Evidence 311-317 (reference (d)).
  - c. Command-Directed. A command-directed examination or referral of a specified member for valid medical purpose under Military Rule of Evidence 312(f) (reference (d)) when there is a reasonable suspicion of drug abuse, an examination of a specified member incident to a mishap or safety investigation, or an examination of a specified member in conjunction with a member's participation in a DoD drug treatment and rehabilitation program. This includes a command-directed examination of a specified individual to determine a member's competency for duty, or to ascertain whether a member requires counseling, treatment, or rehabilitation for drug abuse.
  - d. Medical. Any examination ordered by medical personnel for a valid medical purpose under Military Rule of Evidence 312(f) (reference (d)), including emergency medical treatment, periodic physical examinations, and such other medical examinations as are necessary for diagnostic or treatment purposes.
4. Results of field testing: Indicate for each drug listed the number of specimens field tested positive and the number of specimens field tested during the reporting period. Specimens submitted in one period and tested in another shall be included in the later period. Note that specimens, not individuals, are counted. Indicate results for each test occasion as listed. (See explanation of terms in section 3, above.)
5. Authentication of report: Indicate the name and telephone number of the individual who is preparing the report and who is responsible for its accuracy. Also, indicate the date the report is forwarded.

REPORT ON DRUG OR ALCOHOL ABUSE AWARENESS EDUCATION OR REHABILITATION PROGRAMS					REPORT CONTROL SYMBOL DD-HA (SA) 1587	
1. BRANCH OF MILITARY SERVICE		2. REPORTING PERIOD FY		3. TYPE OF REPORT		
		a. October - March		a. Drug Abuse		
		b. April - September		b. Alcohol Abuse		
4. AWARENESS EDUCATION AND REHABILITATION						
NUMBER OF INDIVIDUALS	AWARENESS EDUCATION		REHABILITATION			
	Male (a)	Female (b)	RESIDENT		NONRESIDENT	
			Male (c)	Female (d)	Male (e)	Female (f)
a. NEW CASES						
PAY GRADE						
(1) E1 - E5						
(2) E6 - E9						
(3) W1 - W4						
(4) O1 - O3						
(5) O4 and above						
REFERRAL SOURCE						
(6) Command or Supervisor						
(7) Self-referral						
(8) Urinalysis						
(9) Medical						
(10) Law Enforcement						
(11) Other Program						
b. TOTAL CASES						
RETURNED TO DUTY						
(1) Completed Program						
(2) Did Not Complete Program						
SEPARATED FROM SERVICE						
(3) Completed Program						
(4) Did Not Complete Program						
5. INDIVIDUAL PREPARING REPORT						
a. NAME (Last, First, Middle Initial)			b. TELEPHONE NUMBER (Include Area Code)		c. DATE SUBMITTED (YYMMDD)	

INSTRUCTIONS FOR DD FORM 2397

REPORT ON DRUG OR ALCOHOL ABUSE AWARENESS EDUCATION OR  
REHABILITATION PROGRAMS

1. Military Service: Identify by name the Military Service submitting the report.
2. Reporting period: Semi-annual, as described in subsection F.2. of this Directive.
3. Type of report: Indicate whether the report concerns drug or alcohol abuse by checking the appropriate item. A separate report shall be submitted for each category of abuse.
4. Awareness Education and Rehabilitation: Awareness Education figures refer to the number of individuals directed to complete an alcohol or drug awareness program who are judged not to meet entry criteria for residential or nonresidential programs. Rehabilitation figures refer to the number of military personnel involved in resident or nonresident treatment and rehabilitation programs. A resident is an individual who normally resides at a live-in rehabilitation facility established to treat drug or alcohol abuse. A nonresident is an individual who is being treated in an authorized, non live-in facility, such as an individual on active duty with his or her unit and undergoing rehabilitation counseling. The number of individuals for each program shall be provided according to sex.
  - a. New Cases: The number of individuals identified and referred to a program during the reporting period.
    - (1) Specify the number of individuals according to pay grade.
    - (2) Specify the number of individuals according to referral source.
      - (a) Commander or supervisor referrals are only those initiated by the commander or supervisor. These identifications do not include commander or supervisor referrals that are accomplished after the referred member's drug or alcohol problem is brought to the commander's or supervisor's attention by other means, such as informants, health and welfare inspections, or a confirmed positive urine sample (submitted upon their demonstration of bizarre or irregular behavior).
      - (b) Self-referrals are only those members who volunteer for treatment and rehabilitation as defined in subsection 2.b. of DoD Directive 1010.1 (reference (e)). Do not include in this category those who are first detected as drug abusers by other means (such as urinalysis testing), and who thereafter agree to drug abuse treatment and rehabilitation.
      - (c) Urinalysis referrals are those members confirmed by the commander as authentic drug abusers following notification that the member submitted a positive urine sample. This includes random and unit sweeps.



(d) Medical referrals are those members referred by medical personnel in the exercise of their duties.

(e) Law enforcement referrals are those members brought to the attention of appropriate authorities through military or civilian police or investigative agency.

(f) Other program referrals are any not included in the above sources.

b. Total Cases: Indicate the total number of service members in the programs during the reporting period.

(1) Returned to duty: Indicate the number of service members returned to duty who have or have not completed the program.

(2) Separated from Service: Indicate the number of service members who have or have not completed a program, but who are separated from the Military Service because their enlistment or appointment has expired.

5. Authentication of report: Indicate the name and telephone number of individual who is preparing this report and who is responsible for its accuracy. Also, indicate the date the report is forwarded.

REPORT ON CIVILIAN EMPLOYEE ALCOHOL AND DRUG ABUSE				REPORT CONTROL SYMBOL DD-HA (SA) 1627	
1. DoD COMPONENT		2. REPORTING PERIOD FY		3. TOTAL NUMBER OF EMPLOYEES	
		a. October - March			
		b. April - September			
4. COUNSELING DATA					
		Alcohol (1)		Drugs (2)	
a. Number Counseled or Referred					
b. Number Completing Program					
c. Number Not Completing Program					
d. Number too Early to Judge					
e. Number of Self-referrals					
f. Number of Supervisory Referrals					
5. URINALYSIS TESTING PROGRAM					
Critical Job (List) (1)	Number of Employees (2)	Number of Specimens Field Tested (3)	Number of Field Test Positives (4)	Number of Specimens Lab Tested (5)	Number of Laboratory Positives (6)
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
6. INDIVIDUAL PREPARING REPORT					
a. NAME (Last, First, Middle Initial)		b. TELEPHONE NUMBER (Include Area Code)		c. DATE SUBMITTED (YYMMDD)	

INSTRUCTIONS FOR DD FORM 2398  
REPORT ON CIVILIAN EMPLOYEE ALCOHOL AND DRUG ABUSE

1. DoD Component: Identify Military Service or Defense Agency.
2. Reporting period: Semi-annual, as described in subsection F.2. of this Directive.
3. Total number of employees: Total civilian employees within the reporting Military Service or Defense Agency.
4. Counseling data: Indicate the number of individuals in each category (alcohol or drugs).
  - a. Number counseled or referred: Indicate the number of individuals counseled or referred for counseling to an outside source. This number shall equal the total of self-referrals and supervisory referrals.
  - b. Number completing program: Number represents the supervisor or counselor reports stating that the problem was resolved. (Job performance is at an acceptable level.)
  - c. Number not completing program: Indicate the number of individuals whose problem was not resolved. (Job performance is unacceptable.)
  - d. Number too early to judge: Indicate the number of individuals whose job performance has improved, but is not yet at an acceptable level.
  - e. Number of self-referrals: Indicate the number of individuals who sought help themselves, but were not officially referred.
  - f. Number of supervisory referrals: Indicate the number of individuals officially referred for help.
5. Urinalysis testing program: Indicates that a Military Service or Defense Agency has implemented an approved DoD civilian employees drug abuse testing program according to DoD Directive 1010.9 (reference (f)).
  - a. Critical job: List the jobs or classes of jobs that have been approved as critical jobs for purposes of drug testing as described in paragraphs F.1.a., b., and c. of reference (f).
  - b. Number of employees: Indicate the number of persons employed in each critical job listed who are subject to drug testing during the reporting period.
  - c. Number of specimens field tested: Indicate the number of urine specimens that were field tested during the reporting period.
  - d. Number of field test positives: Indicate the number of urine specimens that were field tested as presumptive positive during the reporting period.

e. Number of specimens lab tested: Indicate the number of urine specimens sent to a certified drug testing laboratory for initial and confirmatory testing during the reporting period. Specimens submitted in one period and processed in another shall be reported in the later period.

f. Number of laboratory positives: Indicate the number of urine specimens reported as positive by a certified drug testing laboratory during the reporting period. Specimens submitted in one period and tested in another shall be included in the later period.

6. Authentication of report: Indicate the name and telephone number of the individual who is preparing this report and who is responsible for its accuracy. Also, indicate the date the report is forwarded.

REPORT ON DRUG-RELATED MILITARY LAW ENFORCEMENT ACTIVITY		REPORT CONTROL SYMBOL DD-FM&P(SA)1586			
1. BRANCH OF MILITARY SERVICE		2. REPORTING PERIOD FY _____			
		a. October - March			
		b. April - September			
	NUMBER OF IDENTIFIED OFFENDERS				
	Active Duty Military Personnel (1)	Federal Civilian Employees (2)	Family Members (3)	Other (4)	
3. TYPE OF OFFENSE					
a. Use or Possession					
b. Distribution					
c. Manufacture					
d. Driving While Intoxicated (DWI)					
e. Other Alcohol-related Traffic Offenses					
4. SUSPENSION OR REVOCATION OF DRIVING PRIVILEGES					
5. DRUG SEIZURES					
a. Type of Drugs Seized					
b. Quantity Seized					
6. INDIVIDUAL PREPARING REPORT					
a. Name (Last, First, Middle Initial)		b. Telephone No. (Including Area Code)		c. Date submitted (YYMMDD)	

INSTRUCTIONS FOR DD FORM 2394  
REPORT ON DRUG-RELATED MILITARY LAW ENFORCEMENT ACTIVITY

1. Military Service: Identify by name the Military Service submitting the report.
2. Report Period: Semi-annual, as described in subsection F.2. of this Directive.
3. Type of Offense: Indicate the number of members, by category, who are involved in the use or possession of drugs, distribution of drugs, manufacture of drugs, driving while intoxicated (DWI), or having an alcohol-related traffic offense other than DWI and who are brought to the attention of military law enforcement authorities. The meaning of the terms use or possession, distribution, and manufacture are the same as the definitions of these specific offenses under Chapter 28 of the Manual for Courts-Martial, United States (reference (d)). The term DWI is defined as operating a motor vehicle with a blood alcohol content of .10 or higher. All other traffic offenses that involve misuse of alcohol are to be categorized under the heading "Other alcohol-related traffic offenses." They are counted after the investigation is completed, regardless of the final disposition. An individual apprehended when more than one drug offense has taken place shall be listed only once, and then only for the most serious offense. The categories of active duty military personnel and federal civilian employees are self-evident. The category "Family members" includes dependents of active duty and retired military personnel and active duty federal civilian employees. "Other" includes retired military, foreign military, and civilians who are not federal civilian employees or dependents.
4. Suspension or revocation of driving privileges: Indicate the number of driving privilege suspensions or revocations on military installations as a result of alcohol- or drug-related offenses by category.
5. Drug Seizures: Indicate type of drugs seized and quantity seized. For each of the seized drugs listed, indicate the quantity by weight or number.
6. Authentication of Report: Indicate the name and telephone number of the individual who is preparing the report and who is responsible for its accuracy. Also, indicate the date the report is forwarded.

REPORT ON LEGAL OR ADMINISTRATIVE DISPOSITION OF DRUG ABUSE OFFENDERS		REPORT CONTROL SYMBOL DD-FMP(SA)933	
1. BRANCH OF MILITARY SERVICE		2. REPORTING PERIOD FY _____	
		a. October - March	
		b. April - September	
3. DISPOSITION OF DRUG ABUSE OFFENDERS	TYPE OF OFFENSE		
	Use or Possession (1)	Distribution (2)	Manufacture (3)
	a. Number of nonjudicial punishments		
	b. Number of general courts-martial Discharges/Dismissals		
	c. Number of special courts-martial Discharges/Dismissals		
	d. Number of summary courts-martial		
	e. Number of administrative separations in lieu of courts-martial		
4. NUMBER OF SEPARATIONS FOR REHABILITATION FAILURES			
5. NUMBER OF OTHER ADMINISTRATIVE SEPARATIONS FOR DRUG ABUSE			
6. INDIVIDUAL PREPARING REPORT			
a. Name (Last, First, Middle Initial)		b. Telephone No. (Including Area Code)	c. Date submitted YYMMDD

INSTRUCTIONS FOR DD FORM 2395  
REPORT ON LEGAL OR ADMINISTRATIVE DISPOSITION OF DRUG ABUSE OFFENDERS

1. Military Service: Identify the Military Service submitting the report.
2. Reporting period: Semi-annual, as described in subsection F.2. of this Directive.
3. Disposition of Drug Abuse Offenders: Indicate the disposition of drug abuse offenders by the type of offense. The meaning of the terms use or possession, distribution, and manufacture are the same as the definitions of these specific offenses under Chapter 28 of the Manual for Courts-martial, United States (reference (d)). Intent of offenses should also be categorized using these terms.
  - a. Number of Nonjudicial Punishments: Indicate the number of instances of nonjudicial punishment under Article 15 of the Manual for Courts-Martial, United States (reference (d)) by category.
  - b. Number of general courts-martial: Indicate the number of general court-martial convictions in whole or in part involving drugs by category. Report this figure as of when the court is approved. Also, indicate the number of courts-martial that approved the discharge or dismissal of the service member before the automatic review process.
  - c. Number of special courts-martial: Indicate the number of special court-martial convictions in whole or in part involving drugs by category. Report this figure as of when the court is approved. Also, indicate the number of courts-martial that approved the discharge or dismissal of the service member before the automatic review process.
  - d. Number of summary courts-martial: Indicate the number of summary court-martial convictions in whole or in part involving drugs by category.
  - e. Number of administrative separations in lieu of courts-martial: Indicate the number of administrative separations in lieu of courts-martial in whole or in part involving drugs by category.
4. Number of separations for rehabilitation failures: Indicate the total number of separations resulting in whole or in part from the service member's failure in a drug rehabilitation program.
5. Number of other administrative separations for drug abuse: Indicate the total number of misconduct separations in whole or in part involving drugs.
6. Authentication of report: Indicate the name and telephone number of individual who is preparing report and who is responsible for its accuracy. Also, indicate the date the report is forwarded.